

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION

3052020302483

CERTIFICATE OF DEATHSTATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS

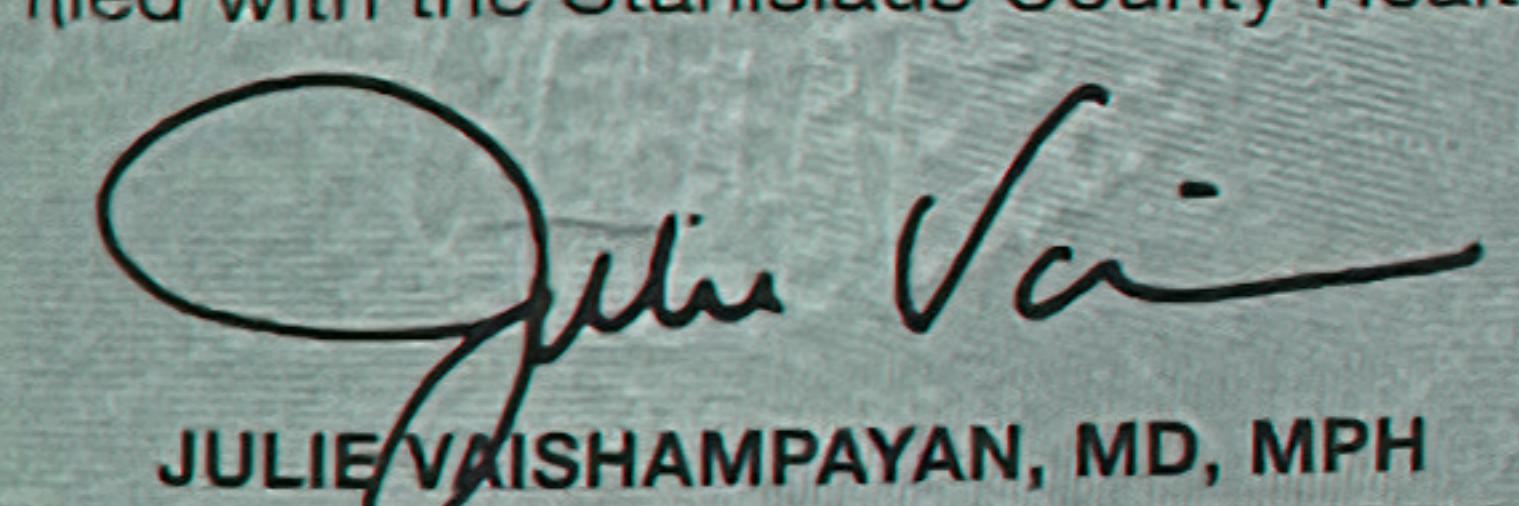
VS-11a (REV 3/05)

3202050005987

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT- FIRST (Given) DEAN		2. MIDDLE JEFFREY		3. LAST (Family) BOYSTER			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/cccyy 1977		5. AGE Yrs. 43		IF UNDER ONE YEAR Months Days Hours Minutes	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 5008		7. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED		8. DATE OF DEATH mm/dd/cccyy 12/22/2020	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 12 ND		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED		9. HOUR (24 Hours) 1956	
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DRIVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TOW TRUCK		19. YEARS IN OCCUPATION 27			
20. DECEDENT'S RESIDENCE (Street and number, or location) 5842 LIPIZZAN COURT		21. CITY RIVERBANK		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95367	
24. YEARS IN COUNTY 43		25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP JESSICA RAMSEY, FIANCÉ		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5834 LIPIZZAN COURT, RIVERBANK, CA 95367					
28. NAME OF SURVIVING SPOUSE/SRDP-FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT-FIRST ARLEY		32. MIDDLE DEAN		33. LAST BOYSTER		34. BIRTH STATE AR	
35. NAME OF MOTHER/PARENT-FIRST CAROLYN		36. MIDDLE LEE		37. LAST (BIRTH NAME) VAN HOOSE		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/cccyy 12/31/2020		40. PLACE OF FINAL DISPOSITION RES: JESSICA RAMSEY 5842 LIPIZZAN COURT, RIVERBANK, CA 95367					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ► NOT EMBALMED		43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL		45. LICENSE NUMBER FD782		46. SIGNATURE OF LOCAL REGISTRAR ► JULIE VAISHAMPAYAN, MD		47. DATE mm/dd/cccyy 12/31/2020	
101. PLACE OF DEATH MEMORIAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input type="checkbox"/> Decedent's Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1700 COFFEE ROAD		106. CITY MODESTO			
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIAC PULMONARY ARREST		Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death (A) 24 HRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CORONER NUMBER C20003763	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		(B) SEPTIC SHOCK, UNKNOWN ETIOLOGY		(B) 24 HRS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) RENAL FAILURE		(C) 24 HRS		(C) 24 HRS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(D) 24 HRS		(D) 24 HRS		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/cccyy (B) mm/dd/cccyy 12/15/2020 12/22/2020		115. SIGNATURE AND TITLE OF CERTIFIER ► PRACHI VISHWASRAO M.D.		116. LICENSE NUMBER A137379		117. DATE mm/dd/cccyy 12/31/2020	
118. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/cccyy 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER ►		127. DATE mm/dd/cccyy 01/13/2021		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C	D	E	Barcode: 010001004779685	
						FAX AUTH. #	CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED



JULIE VAISHAMPAYAN, MD, MPH
LOCAL REGISTRAR OF VITAL STATISTICS

01/13/2021



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This copy is not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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